



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 21 Ending Date: OCT 15, 21

Type of Report: (Check one)

8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Colleen M Chesmae  
Candidate Full Name (if applicable)  
School Committee ward 7  
Office Sought and District  
3 River Terrace  
Residential Address  
E-mail: Cchesmae64@comcast.net  
Phone # (optional): \_\_\_\_\_

\_\_\_\_\_  
Committee Name  
\_\_\_\_\_  
Name of Committee Treasurer  
\_\_\_\_\_  
Committee Mailing Address  
E-mail: \_\_\_\_\_  
Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

|  |                           |
|--|---------------------------|
| Line 1: Ending Balance from previous report              | <u>0</u>                  |
| Line 2: Total receipts this period (page 3, line 11)     | <u>1915.30</u>            |
| Line 3: Subtotal (line 1 plus line 2)                    | <u>1915.30</u>            |
| Line 4: Total expenditures this period (page 5, line 14) | <u>1915.30</u>            |
| Line 5: Ending Balance (line 3 minus line 4)             | <u>0</u>                  |
| Line 6: Total in-kind contributions this period (page 6) | <u>0</u>                  |
| Line 7: Total (all) outstanding liabilities (page 7)     | <u>0</u>                  |
| Line 8: Name of bank(s) used:                            | <u>People United Bank</u> |

RECEIVED

OCT 22 2021

Registrar of Voters  
Holyoke MA

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: \_\_\_\_\_ (Treasurer's signature) Date: \_\_\_\_\_

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

##### Candidate with Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

##### Candidate without Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Colleen Chesmae (Candidate's signature) Date: 10-22-21

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

| Date Received  | Name and Residential Address<br>(alphabetical listing required) | Amount         | Occupation & Employer<br>(for contributions of \$200 or more) |
|--|---|----------------|---|
| 8-21-21  | Colleen Chesmae   | 483.00         | Registered Respiratory Therapist<br>Baystate                  |
| 8-23-21  | Colleen Chesmae   | 377.50         | Registered Resp Therapist<br>Baystate                         |
| 8-25-21  | Colleen Chesmae   | 378.50         | Registered Respiratory Therapist<br>Baystate                  |
| 9-27-21  | Colleen Chesmae   | 348.00         | Registered Respiratory Therapist<br>Baystate                  |
| 10-15-21   | Colleen Chesmae   | 329.30         | Registered Respiratory Therapist<br>Baystate                  |
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| Line 9: Total Receipts over \$50 (or listed above)         |   | 1915.30        |   |
| Line 10: Total Receipts \$50 and under* (not listed above) |   | 0              |   |
| <b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>               |   | <b>1915.30</b> | ← Enter on page 1, line 2                                     |

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address<br>(alphabetical listing required) | Amount | Occupation & Employer<br>(for contributions of \$200 or more) |
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|--|--|
| Line 9: Total Receipts over \$50 (or listed above)         |  |
| Line 10: Total Receipts \$50 and under* (not listed above) |  |
| <b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>               |  |

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

| Date Paid  | To Whom Paid<br>(alphabetical listing)              | Address  | Purpose of Expenditure     | Amount  |
|--|---|--|----------------------------|---------|
| 8-21-21  | DAN Allie   | 38 Union Street<br>Westfield MA<br>01085           | Law Signs<br>Coker Chasman | 483.00  |
| 8-23-21  | Tiga Pass<br>50 Industrial Drive<br>East Longmeadow | 50 Industrial Drive<br>East Longmeadow<br>MA 01028 | Postcards<br>Coker Chasman | 377.50  |
| 8-25-21  | Tiga Pass   | 50 Industrial Drive<br>East Longmeadow MA<br>01028 | Postcards<br>Coker Chasman | 377.50  |
| 9-27-21  | DAN Allie   | 38 Union Street<br>Westfield MA                    | Law Signs<br>Coker Chasman | 348.00  |
| 10-15-21   | Tiga Pass   | 50 Industrial Drive<br>East Longmeadow<br>MA 01028 | Postage<br>Coker Chasman   | 329.30  |
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|  |   |  |                            |         |
| Line 12: Total Expenditures over \$50 (or listed above)                    |   |  |                            | 1915.30 |
| Line 13: Total Expenditures \$50 and under* (not listed above)             |   |  |                            |         |
| Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b> |   |  |                            | 1915.30 |

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.